UTILITY PATENT APPLICATION TRANSMITTAL (Only for nel/Geografications, under 37 CFR 1.53(b))

Attorney Docket No. | 218347US0SRD

Tomoyuki MAZDA, et al.

First Inventor or Application Identifier Ton
Title MAGNETIC RECORDING MEDIUM

Assignee Name:

Assignee Address:

01/18/02

		/ 10/02							
	See	APPLICATION ELEMENTS e MPEP chapter 600 concerning utility patent application contents	Assistant Commissioner for Patents ADDRESS TO: Box Patent Application Washington, DC 20231						
1.	\boxtimes	Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)	ACCOMPANYING APPLICATION PARTS						
-	_		7. Assignment Papers (cover sheet & document(s))						
2.	\boxtimes	Specification Total Sheets 45	8. Application Data Sheet. See 37 CFR 1.76						
و			9. 37 C.F.R. §3.73(b) Statement Power of Attorney						
3.	\boxtimes	Formal Drawing(s) (35 U.S.C. 113) Total Sheets 16	10. English Translation Document (if applicable)						
L		<u></u>	11. ☑ Information Disclosure ☐ Copies of IDS Statement (IDS)/PTO-1449 ☐ Citations (2)						
_4.	\boxtimes	Oath or Declaration Total Pages 2	12. Preliminary Amendment						
	a.	Newly executed (original)	13. White Advance Serial No. Postcard						
J	b.	Copy from a prior application (37 C.F.R. §1.63(d)) (for continuation/divisional with box 17 completed)	14. Certified Copy of Priority Document(s) (1) (if foreign priority is claimed)						
		 i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b). 	15. Applicant claims small entity status. See 37 CFR 1.27						
¥ 5.		CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	16. ☑ Other: Request for Priority, Statement of Relevancy						
≜ <u>∔</u> 6.		Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)							
(C)	a.	Computer Readable Form (CRF)							
# ·	b.	Specification or Sequence Listing on :							
4		i. ☐ CD-ROM or CD-R (2 copies); or							
		ii. 🔲 Paper							
	c.	☐ Statements verifying identity of above copies							
17.	If a	CONTINUING APPLICATION, check appropriate box, and suppl	y the requisite information below:						
		Continuation Divisional Continuation-							
,	Prior	application information: Examiner:	Group Art Unit:						
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.									
18. <i>A</i>	\mei	nd the specification by inserting before the first line the se	ntence:						
		application is a Continuation Division	☐ Continuation-in-part (CIP)						
		pplication Serial No. Filed on							
☐ Which was published in English									
☐ Which was not published in English									
	This	application claims priority of provisional application Seria							
19. CORRESPONDENCE ADDRESS									

Name: Norman I	F. Oblon	Registra	ition No.:	24,618
Signature:	10 mm Money		Date:	1/18/02
Name:	C. Irvin McClelland	Registra	tion No.:	/
	Registration Number 21,124			

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Tomoyuki MAEDA, et al.

SERIAL NO:

New Application

FILING DATE: Herewith

FOR:

MAGNETIC RECORDING MEDIUM

FEE TRANSMITTAL

ASSISTANT COMMISSIONER FOR PATENTS WASHINGTON, D.C. 20231

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	15 - 20 =	0	× \$18 =	\$0.00
INDEPENDENT CLAIMS	3 - 3 =	0	× \$84 =	\$0.00
☐ MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$280 =	\$0.00
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			TOTAL	\$780.00

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Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND, MAIER & NEUSTADT, P.C.

1/18/02

Norman F. Oblon

Registration No. 24,618

C. Irvin McClelland Registration Number 21,124

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A check in the amount of \$780.00 to cover the filing fee is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.